



APPLICATION FOR A PERMIT TO OPERATE AT A SEASONAL FARMER'S MARKET

In accordance with subpart 14-2 of the New York Sanitary Code

*This application must be submitted and approved for a seasonal permit at a Farmer's Market. The fee is per booth per EACH Farmer's Market. **THIS PERMIT IS ONLY VALID DURING FARMER'S MARKET DAYS AND HOURS.** The fee must accompany this application payable by cash, check or money order to the Monroe County Health Department.*

*Fee waiver forms are available for charitable, non-profit organizations. The required forms must be submitted & approved by this office prior to the event. Those who are already on our Waiver List **DO NOT NEED to re-apply.***

THE FEE IS \$170.00 FOR THE SEASON.

Note: Certificates for Worker's Compensation and Disability must be provided or permit to operate will not be issued. If your operation is exempt from Worker's Compensation and Disability requirements, Form CE-200-Certificate of Attestation of Exemption must be provided – See Section 4.

1. FARMER'S MARKET INFORMATION

Season: _____
 (Months)
 Days of Market: M T W Th F Sa Su
 (Circle days)

 Name of the Market

 Market location (street address) _____ city/ town

 Name of food booth _____ Market hours/Dedicated Space #

2. OPERATOR'S INFORMATION (please print)

 Name of **organization, company, person** etc. (responsible for booth operation) (_____) phone no.

 address _____ city _____ state _____ zip

 Cert. No. _____ exp. date: ___/___/___
CERTIFIED FOOD WORKER NAME(if applicable) – You **MUST** include a copy of your current Certificate/Card

3. FOOD INFORMATION

(HOME PREPARED FOODS ARE NOT ALLOWED!)

Hot foods: _____

Cold foods: _____

Beverages: _____ prepackaged/bottled: _____ drink mixes: _____ ice: _____

Where are the foods/beverages to be prepared: on site? _____ If not, name of approved facility: _____

What type of equipment will be used for transportation of:

Hot foods: _____ Cold foods: _____

4. WORKER'S COMPENSATION AND DISABILITY INSURANCE INFORMATION

(Proof of insurance is required prior to permit issuance)

Workers' Compensation: Check and Submit Certificate with Application

- Form C-105.2 – Certificate of Worker's Compensation Insurance (issued by the applicant's insurance carrier); **OR**
- Form U-26.3 – Certificate of Workers' Compensation Insurance (issued by the State Insurance Fund); **OR**
- Form SI-12 – Certificate of Workers' Compensation Self-Insurance, **OR**
- GSI – 105.2 – Certificate of Participation in Workers' Compensation Group Self-Insurance

AND

Disability Benefits: Check and Submit Certificate with Application

- DB-120.1 - Certificate of Disability Benefits (issued by the applicant's insurance carrier); **OR**
- Form DB-155 – Certificate of Disability Benefits Self-Insurance

****NOTE-WE CANNOT ACCEPT THE “ACORD CERTIFICATE OF LIABILITY” AS PROOF OF INSURANCE****

When WC/DB coverage IS NOT applicable: Check and Submit Certificate with Application

- Form CE-200** – Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage (Must be submitted with Application if WC/DB coverage is Not provided)

Note: Applicants will be able to fill out the CE-200 on- line at the Worker’s Compensation Board’s website, www.wcb.ny.gov, (use the form CE-200 [12/08]) print a copy, and sign it, for submission to the Department of Public Health. Also, there are Computers with internet access available for CE-200 electronic application processing at Customer Service Centers located in Worker’s Compensation Board District offices. A local District Office is located at **130 West Main Street**, Rochester, NY 14614. The toll free number for the office is **1-866-211-0644**.

The undersigned applicant has received, read, understands and agrees to operate the temporary food service establishment in complete compliance with subpart 14-2 of the New York Sanitary Code.

Signed _____ **Date of Application** _____
(Must be signed by operator)

Print Name _____

THIS IS NOT A PERMIT TO OPERATE!...A temporary food service establishment shall obtain and display a valid permit from an issuing official of the Monroe County Health Department (14-2.2). Permits will be issued after a satisfactory inspection. Failure to obtain a permit is cause for immediate closure (14-2.17).